



Secretary of State
Business Programs Division

1500 11th Street, 3rd Floor
Sacramento, CA 95814

Business Entities
(916) 657-5448

Name Reservation Request

Corporations, Limited Partnerships, and Limited Liability Companies

To request the reservation of a corporation, limited partnership or limited liability company name, complete the Name Reservation Request Form on the following page and attach a check in the amount of \$10.00 (made payable to the Secretary of State) and submit the request:

- **By mail**, along with a self-addressed envelope, to Secretary of State, Name Availability Unit, 1500 11th Street, 3rd Floor, Sacramento, CA 95814. Please refer to [Business Entities Mail Processing Times](#) for current mail processing times.
- **In person** (over-the-counter) at the Secretary of State's office in Sacramento. *Corporation* names can also be reserved, in person, at any of the Secretary of State's regional offices. Please refer to [Contact Information](#) for regional office locations and addresses. A special handling fee of \$10.00 is applicable for each name reserved in person. The special handling fee must be remitted by separate check (made payable to the Secretary of State) as it will be retained whether the proposed name is accepted or denied for reservation. The special handling fee is not applicable to requests submitted by mail.

Only one reservation will be made per request form. You may list up to three names, in order of preference, and the first available name will be reserved for a period of 60 days. The remaining names will not be researched.

A name reservation is made for a period of 60 days, and can be renewed, but not for consecutive periods, to the same applicant or for the benefit of the same party.

Email and/or online requests for name reservations cannot be accepted at this time. Please complete the [Name Reservation Request Form](#) on the following page.

Name Reservation Request Form

Corporations, Limited Partnerships, and Limited Liability Companies

THE PROPOSED NAME IS TO BE RESERVED FOR USE BY:			
YOUR NAME:			
FIRM NAME (IF ANY):			
ADDRESS:			
CITY/STATE/ZIP:			
TELEPHONE #:		FAX #:	
TYPE OF ENTITY (choose only one)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company			
NAME TO BE RESERVED			
Enter the name to be reserved. Only one reservation will be made per name reservation request form. You may list up to three names, in order of preference, and the first available name will be reserved for a period of 60 days. The remaining names will not be researched.			
1st Choice:			
FOR OFFICE USE ONLY	() is available. () is available only with consent from * : () is not available. We have * : *		
2nd Choice:			
FOR OFFICE USE ONLY	() is available. () is available only with consent from ** : () is not available. We have ** : **		
3rd Choice:			
FOR OFFICE USE ONLY	() is available. () is available only with consent from *** : () is not available. We have *** : ***		
SUSPENDED/FORFEITED CORPORATION			
<input type="checkbox"/> If the proposed name is being reserved for the purpose of reviving a suspended/forfeited corporation, check the box and include the corporate number.			CORPORATION NUMBER
MAIL BACK RESPONSE			
<input type="checkbox"/> If the name reservation request form is submitted in person and if you would like the reservation to be mailed back, check the box and include a self-addressed envelope.			
FEES			
Make check(s) payable to the Secretary of State.			
Reservation Fee: The fee for reserving a corporation, limited partnership or limited liability company name is \$10.00 (per reserved name).			
Special Handling Fee: A \$10.00 special handling fee is applicable for processing requests delivered in person to the Secretary of State's office. The \$10.00 special handling fee must be remitted by separate check for each submittal and will be retained whether the proposed name is accepted or denied for reservation. The special handling fee does not apply to name reservation requests submitted by mail.			
THE SPACE BELOW IS RESERVED FOR OFFICE USE ONLY			
Date:	Amt Rec'd:	R #:	By:
NAME RESERVATION REQUEST FORM (REV 07/2005)			